

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

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STATE OF HAHAI ETATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) TELEPHONE (Middle) Rosati MAILING ADDRESS (Street) (Zip Code) EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Catholic Conference	441-5946
MAILING ADDRESS (Street)	FAX
6301 Pali Highway	230-2102
(City) (State) (Zip	Code) -5224
Kaneohe Hi 96744	-5227
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Kelly Rosati	230-2100
MAILING ADDRESS (Street)	FAX
MAILING ADDRESS (Street) 6301 Pali Lighway	FAX

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture Education **Human Services** Science, Technology & **Economic Development** Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation **Public Utilities** International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Judiciany Ecology, Energy Housing **Public Safety & Corrections** Issues **Environmental Protection** PART IV **CERTIFICATION OF LOBBYIST** I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. (Signature of Lobbyist) (Date) **PART V AUTHORIZATION TO LOBBY** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME NAME OF ORGANIZATION (if applicable TELEPHONE (Zip Code) I hereby authorize the above, named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

01/05/05

(Date)